SHORT TITLE:	CASE NUMBER:

(THIS IS A REQUEST, NOT AN ORDER)

I REQUEST THE FOLLOWING ORDERS FOR:

Name   Date of birth

1. ☐ **PARENTAGE.** A judgment that you are the parent of these children.

2. ☐ **CHILD SUPPORT.** Monthly child support based on the state guideline. *(A Wage and Earnings Assignment Order will be issued.)*
    a. ☐ This is a request for a change to an existing order
        (1) filed on *(date if known)*:
        (2) ordering *(specify)*:

    b. Child support to commence
        (1) on the date this request was mailed or given to you.
        (2) ☐ effective *(specify)*:

3. ☐ **HEALTH INSURANCE COVERAGE and a HEALTH INSURANCE COVERAGE ASSIGNMENT.**
    NOTICE: The District Attorney is seeking a Health Insurance Coverage Assignment ordering your employer to enroll the above children in an appropriate health insurance plan.

4. ☐ **FEES AND COSTS** ☐ Fees: $ ☐ Costs: $

5. ☐ **OTHER REQUESTS** *(specify)*:

6. ☐ **FACTS IN SUPPORT** of this request are:
    ☐ contained in an attached Declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

....   ▶   _____
(TYPE OR PRINT NAME)   (SIGNATURE OF PERSON OR REPRESENTATIVE OF GOVERNMENTAL AGENCY
REQUESTING THESE ORDERS)

REQUEST FOR ORDER AND SUPPORTING DECLARATION
(Governmental)